

RECEIVED

2024 JUL -8 AM 11:08

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

P.O. Box 187
Barnhart, Missouri 63012-0187
01 July 2024

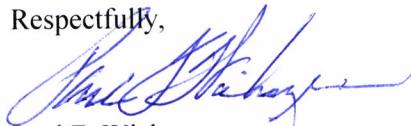
Judge Craig T. Goldblatt
United States Bankruptcy Court
District of Delaware
824 North Market Street
3rd Floor, Courtroom 7
Wilmington, DE 19801

Dear Judge Goldblatt,

Having counsel provide guidance, I filed the proper Creditor information with Epiq in Portland, Oregon on 01 November 2023. My Yellow Corporation (Debtor 23-11069) Docket was assigned #3612 and remained such until Friday, 07 June 2024. Docket number #3612 was suddenly re-assigned as The New England Teamsters Pension Fund with which I have never been affiliated. A phone call to that pension fund office revealed no knowledge of this action.

Please advise why my claim (#3612) of \$14,222.70 and marked "Priority" has disappeared. This amount was filed for by Yellow Freight payroll department on 19 July 2023 which was before the company filed for bankruptcy.

Respectfully,



Paul F. Wiegagen

Yellow Freight St. Louis, Missouri 1979-2023
International Brotherhood of Teamsters Local 600 1979-2023
314.369.7218

Enclosures:

Acknowledgement of Receipt of Proof of Claim 19 December 2023
Yellow Freight Payment Request Form time/date stamped 19 July 2023
Epiq Proof of Claim (Modified Official Form 410)

Epiq Bankruptcy Solutions, LLC
PO BOX 4470
Beaverton, OR 97076-4470

Address Service Requested

Legal Documents Enclosed
Please direct to the attention
of the Addressee,

Legal Department or President



BAR(23) MAILID *** 000221019600 ***

**** YRC CLMLTR (MERGE2,TXNUM2) 4000065958 ****



WIEHAGEN, PAUL FREDERICK
PO BOX 187
BARNHART, MO 63012

December 19, 2023

ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the Yellow Corporation case ("Acknowledgement"). The claim is also publicly available at the following website address: <http://dm.epiq11.com/#/case/YRC/claims>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor: YELLOW CORPORATION
Case Number: 23-11069
Creditor: WIEHAGEN, PAUL FREDERICK
Date Received: 11/01/2023
Claim Number: 3612

Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.

We strongly encourage you to review your submitted proof of claim image on our website at the address listed above. To find your proof of claim image, enter your name or claim number listed above in the Search Box. The PDF claim image will be accessible on the right side of the page.

WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") THAT YOU MAY HAVE SUBMITTED AS PART OF YOUR CLAIM. PII can include information used to distinguish or trace an individual's identity, such as a social security number, biometric records, driver's license number, account number, credit or debit card number (including any passwords, access codes, or PIN numbers), or other similar information which alone, or when combined with other personal or identifying information (such as date, place of birth, mother's maiden name etc.), is linked or traceable to a specific individual.

The Proof of Claim Form allows for redacted information. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://dm.epiq11.com/#/case/YRC/info> and select "Submit Inquiry" in the Case Actions section.

You may also contact us by either of the methods listed above should you have any other questions.

EPIQ BANKRUPTCY SOLUTIONS, LLC

United States Bankruptcy Court for the District of Delaware Yellow Corporation Claims Processing Center c/o Epiq Corporate Restructuring, LLC P.O. Box 4421 Beaverton, OR 97076-4421	10/22/23 copy	To submit your form online please go to https://epiqworkflow.com/cases/YRC Your Mail ID is as follows: 219547796
BAR(23) MAILID *** 000219547796 *** YRC (MERGE2.DBF,SCHED_NO) SCHEDULE #: 87213800***** WIEHAGEN, PAUL P.O. BOX 187 BARNHART, MO 63012	<input type="checkbox"/> Check box if the address on the envelope sent to you by the court needs to be updated. Identify your replacement address in Part 1 (Section 3) below.	For Court Use Only YRC INC. 23-11087 (CTG) Your claim is scheduled by the Debtor as: PRIORITY UNDETERMINED \$14,222.70 UNSECURED

Proof of Claim (Modified Official Form 410)

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of claims under 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim		
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): <u>PAUL FREDERICK WIEHAGEN</u>		
Other names the creditor used with the debtor: _____		
2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
Where should notices to the creditor be sent? <u>PAUL FREDERICK WIEHAGEN</u> Name <u>P.O. BOX 187</u> Number Street <u>BARNHART Mo 63012</u> City State ZIP Code	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Country (if International): _____ Contact phone: _____ Contact email: <u>pfwiehagen@outlook.com</u>	4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed		
6. Do you have any number you use to identify the debtor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	7. How much is the claim? \$ <u>14,222.70</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>(8) WEEKS VACATION</u> <u>(EARNED WAGES)</u>

9. Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____	10. Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ _____	11. Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____
Value of property: \$ _____	12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check one: <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a)(____) that applies. \$ _____	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. Amount entitled to priority \$ _____ \$ 14,222.70
Amount of the claim that is secured: \$ _____	Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	\$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)		
Amount necessary to cure any default as of the date of the petition: \$ _____		
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Indicate the amount of your claim arising from the value of any goods received by the Debtors within 20 days before the date of commencement of the above case, where the goods have been sold to the Debtors in the ordinary course of its business. Attach documentation supporting such claim. \$ _____
--	---

Part 3: Sign Below	The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Check the appropriate box: <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct.
	Executed on date MM / DD / YYYY _____ Signature _____	
	Print the name of the person who is completing and signing this claim: Name <u>PAUL FREDERICK WIEHAGEN</u> First name <u>PAUL</u> Middle name <u>FREDERICK</u> Last name <u>WIEHAGEN</u> Title <u>EMPLOYEE - ROAD DRIVER</u> ST. LOUWS MO <u>06 OCT 79</u> Company <u>YRC FREIGHT</u> Address Number <u>P. O. BOX 187</u> Street <u>BARNHART</u> City <u>MO</u> ZIP Code <u>63012</u> Contact Phone <u>314 369 7218</u> Email <u>pfwiehagen@outlook.com</u>	

Taylor Communications, Inc.

Wk 31.

PAYMENT REQUEST FORM

Name: PF WIEHAGEN Job Class: ROADLast 4 Digits SS# _____ Location: R82Emp. ID#: 100947

Vacation Request

(2) Weeks of VacationDates of Vacation: 9/10/23 - 9/16/23 Daily Vacation

Dates of Vacation: _____

 Vacation in Lieu2 WEEKS

Split Vacation Pay: Daily Weekly (circle one)

 Sick Paid Day Date(s): _____ Holiday Holiday Name: _____ Date: _____ Funeral Leave Relationship: _____ Date: _____ Jury Duty (requires a copy of court payment including mileage)

Date(s): _____

Runaround Claim

(ADO Authorization Required for Claim to be paid)

Date of Occurrence: _____

Amount of Claim Hours: _____

LH Miles: _____ Amount: _____

For LH Drivers – must check one of the following:

 REG MEET SLOV

Pay Shortage Request

Date of Claim: _____ Amount (hours and gross): .59 1/2 HRS \$22.62

Explanation of Claim: Dispatch ID (required for LH Drivers): _____

07.19.23

Date

Employee Signature

Date

Authorized Signature

Date

Area Director of Operations Signature

F-182 08/14

ORIGINAL TO PAYROLL

9/3

9/2 - 9/9/23
9/10 - 9/16/23Shiny
Process

W/E

8/5/23 (cont'd.)

- 8/19/23 (cont'd.)

- 9/09/23 (cont'd.)

9/10 - 9/16/23

VACATION

w/ Bennies

2023

9/17 - 9/23/23

9/24 - 9/30/23

2023

10/1 - 10/7/23

10/8 - 10/14/23

2023

10/15 - 10/21/23

10/22 - 10/28/23

Yellow Corporation

Case # 23-11069
 Powered by Translate

Judge Craig T. Goldblatt Jurisdiction Delaware

Filed Aug 06 2023 <https://www.myyellow.com>



[SUBSCRIBE TO DOCUMENT ALERTS](#)



Overview
Dockets
Claims
Key Documents
Adv. Proceedings

CREDITOR

Paul Weihagen

Search Creditor Name and Address

DEBTORS

Enter and Select

CLAIM NUMBERS

89-1515 or 1520

DOCKET NUMBERS

89-1515 or 1520

SCHEDULE NUMBERS

89-1515 or 1520

SCOPE

Claims and Schedules

AMOUNT

Total Claim Value

Equals

\$ 0

FILED DATE

Any Date

SEARCH

SHARE

Clear All

Claim #5612 Schedule #87233800

Creditor WEIHAGEN PAUL FREDERICK

Debtor 23-11069 Yellow Corporation

Amounts	
Claimed Priority Amount	\$14,222.70
Claimed Unsecured Amount	\$500.00
Scheduled Priority Amount	\$0.00
Scheduled Unsecured Amount	\$14,222.70

Values

Priority Value	Unsecured Value
\$14,222.70	\$500.00

Remarks

THE SCHEDULED AMOUNT IS UNDETERMINED

Hide Details

